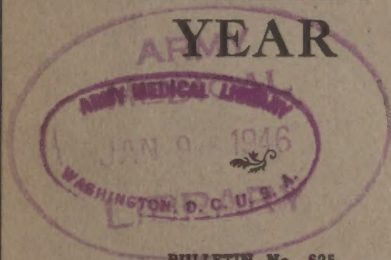


COMMONWEALTH OF PENNSYLVANIA

Department of Public Instruction

Harrisburg

HOSPITAL INTERN YEAR



BULLETIN No. 625

May, 1941

Bureau of Professional Licensing
State Board of Medical Education
and Licensure

Abraham Lincoln

COMMONWEALTH OF PENNSYLVANIA

Department of Public Instruction

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Bureau of Professional Licensing
Pennsylvania. State Board of Medical Education
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Fifth Year of Instruction in Medicine in the Commonwealth of Pennsylvania

HOSPITAL INTERN YEAR

The following abstract from the Act of June, 1911 and amendments, entitled

AN ACT

"Relating to the right to practice medicine and surgery in the Commonwealth of Pennsylvania;" etc., indicates the course of instruction which a candidate for licensure in Pennsylvania must have procured.

"Section 5. Applicants for licensure under the provisions of this act shall furnish, prior to any examination by the said bureau, satisfactory proof that he or she is twenty-one years of age, is of good moral character, is not addicted to the intemperate use of alcohol or narcotic drugs, and has had a general education of not less than a standard four years' high school course, or its equivalent, and not less than two years of sixty semester hours of college credits, including one year in biology, one year in physics, and one and one-half years in chemistry, including one-half year of organic chemistry, and six semester hours in English composition and literature—all

of which have been received before admission to medical study,—and have attended four graded courses of not less than thirty-two weeks of not less than thirty-five hours each, of actual work in didactic, laboratory and clinical study, in different calendar years, in some reputable and legally incorporated medical school or college, or colleges recognized as such by the Bureau of Medical Education and Licensure of the Commonwealth of Pennsylvania, the dean or proper officer of which college having certified that the applicant has successfully passed each of said respective courses, and shall have completed a year as intern in a hospital which shall have at least twenty-five beds to each intern, devoted to the treatment of medical, surgical, gynecological and special diseases; shall maintain or establish cooperation with a maternity department or hospital, in which each intern shall have not less than six weeks' service, or the equivalent thereof; shall maintain a thoroughly equipped, modern pathological and clinical laboratory, proportionate to the necessities of the hospital; and the records on file of the cases treated in said hospital shall give evidence of the laboratory work so done by the intern; shall maintain a department of anesthesia consisting of one or more anesthetists, who shall have supervision over all the anesthesia given

in the institution and whose duty it will be to instruct all interns in the administration of anesthetics."

(NOTE: By Act of General Assembly, June 1923, the name "Bureau" was changed to "State Board").

HOSPITAL REQUIREMENTS

(Rotating Services)

It will be observed that the specific requirements of the above section of the act relate to the following:

1. Amount of work. A hospital shall have at least twenty-five beds to each intern.

2. Diversity of work. A hospital shall treat medical, surgical, gynecological, and special diseases.

3. Maternity department, or cooperation with one.

4. Clinical laboratory; proportionate to the necessities of the hospital.

5. Roentgenologic department.

6. Records; well kept, showing evidence of the work being done by the intern in all departments.

7. Department of Anesthesia; with competent supervision over all anesthesia given in the hospital.

From the foregoing it will be seen that the hospitals of the Commonwealth of Pennsylvania have become a part of the teaching system of medicine and surgery in this Commonwealth, so that the Board of Medical Education and Licensure has found it necessary to set forth in compact form what is expected of each individual hospital purporting to give such practical training in keeping with the Act of the General Assembly.

The purpose of this Bulletin is to set forth in more or less detail the specific requirements made of hospitals which will entitle them to the privilege of giving such training as will meet the approval of the Board in its interpretation of the law.

The Board has made the following classifications of hospitals in order to do away with the disadvantages and complaints of a comparative classification; it also gives the prospective intern some idea as to the type of hospital he is choosing, together with an intimation of the work which will give him the most desired results. In each classification no attempt is made to indicate the relative merits of the hospitals so classified.

PUBLICATION OF LIST OF APPROVED HOSPITALS

A list of hospitals is published annually so as to be available to medical schools for information of the prospective graduates by the middle of the senior year. This list covers hospitals that are approved for internship for the ensuing intern year, beginning July first.

Full Credit Hospitals

Full credit for internship will be given for a complete and satisfactory rotating service in these hospitals covering at least twelve months of time.

This list includes hospitals which are organized and administered so as to conform as nearly as possible to the provisions of the Act of the General Assembly of June 3, 1911, P. L. pp. 639-649, and as subsequently amended. They have well-balanced medical, medical specialties, surgical, surgical specialties, obstetrical, gynecological, and laboratory services, with a fixed general staff, each department being represented by one or more physicians who specialize in the class of cases treated in that department. They provide a full rotational service in which the intern receives an adequate apprenticeship training in each department.

Under this classification are listed only such hospitals as now show satisfactory evidence of complying reasonably well with the following requirements, having:

- (a) A staff whose members are giving efficient clinical and laboratory instruction to the interns.
- (b) A system of record keeping in all departments which is carefully administered.
- (c) An X-ray department which is adequately equipped, officered and managed.
- (d) Pathological and clinical laboratories which are adequately equipped, officered and managed.
- (e) An anesthesia department which is properly established and maintained.
- (f) An obstetrical department, with ample facilities for instruction under supervision.
- (g) All other special departments that are essential to a complete medical training, and manned by specially trained chiefs.

Six Months' Credit Hospitals

Six months' credit will be given for a six months' complete service in these hospitals.

This list includes hospitals which have a fixed general staff representing all or most of the departments of medicine, but in which the work performed is largely either surgical or medical. In these hospitals the work of the laboratories conforms largely to the type of cases predominating; or, it may include hospitals which are under the direction of some leading surgeon, who, with a limited number of assistants, assumes full control of the activities of the various departments.

Three Months' Credit Hospitals

Three months' credit will be given for a three months' completed service in these hospitals.

This list includes hospitals admitting to their service only a single or special class of cases. The work of the laboratories of these hospitals covers largely, if not entirely, the particular specialty represented by the hospitals' patients.

Under this heading are grouped such hospitals as are capable of giving a competent and valuable training in certain special lines which they cover. In view of their limited field such hospitals cannot give such a well-rounded training as is contemplated by law.

The service of these hospitals is available and valuable to those who have already completed their general internship,

as well as to those who have received appointments in general hospitals and await an opportunity of beginning the same.

The Board desires to assure all prospective interns that hospitals in the limited credit classes are capable of providing instruction according to their limited organization and to the type of work done in such hospitals.

It is recommended that a service in any approved hospital of this State should be selected in preference to a service in a hospital in another state not formally approved by this Board, since it is not under its control. Internship secured in any hospital outside of Pennsylvania must be checked up by the Board to see that it has fulfilled all legal requirements before the applicant can be considered for licensure either by examination or by endorsement. Such internship must be rotational in character and must furnish an adequate apprenticeship in every department of medicine. If it fails to cover every department satisfactorily, the internship must be supplemented by additional service approved by the Board in such departments as may have been omitted or have been inadequately covered. This applies equally to immediate applicants for licensure by examination and to remote ones who may later seek the same through endorsement.

Certain hospitals, not now listed as qualified to give the intern year, may have an adequate physical equipment, but convincing evidence has been obtained after repeated inspection that present methods in these hospitals are such as to preclude an intern from now obtaining the character of instruction contemplated by law.

Hospitals without an organized staff, which, without restriction, admit to practice all the physicians of the locality, are not and can never be suitable for intern education. This class of hospital has many merits and often serves a real need in the community and its exclusion from these lists carries with it no criticism or hint of demerit.

Promises of future extension of departments now lacking in part or entirely, either as to equipment or organization, cannot be accepted; complete fulfillment of all regulations will be required. The Board closely inspects the exact methods of instruction given the interns by the staff physicians, the amount and character of such instruction, and holds the hospital strictly responsible for the fidelity of staff members in discharging their full duty as pertains to this matter.

HOSPITAL STANDARDS

After years of inspection of the hospitals of the Commonwealth and, after a careful observation and study of their equipment, with due consideration of their responsibilities, the Board hereby outlines its basis for standardization to meet the approval for intern training:

Records

The criterion of a good record is its ability to justify the provisional and final diagnoses and the treatment of the patient as stated on the charts.

The records when properly kept in each individual hospital, form a very definite index of the work done by the hospital staff, by the intern staff, by the nurses, and other personnel.

All records, X-ray plates or films, and pathological specimens, shall be kept within the hospital; they should be properly filed in their respective departments, be cross-indexed, and be kept in easily accessible places. They are the property of the hospital and may later be needed in legal procedures. In the Record Room there should be filed in easily accessible cabinets in clinical packs the following forms, giving data on patients:

Admission card
 History sheet
 Physical findings

Order Sheet	} Either in separate sheets or, preferably, combined in one.
Progress Notes sheet	

Temperature sheet
 Operation sheet
 Anesthesia sheet
 Consultation sheet
 Prenatal sheet
 Labor and Puerperium sheet
 X-ray requisition and report
 Laboratory requisition and report
 Diagnosis card
 Follow-up card

In the clinico-pathologic laboratory should be kept record cards, diagnosis and report cards, slides, and paraffin or coloidal blocks of work performed.

In the X-ray laboratory should be kept record cards, diagnosis and report cards, and films or plates of all patients examined or treated.

Immediately upon the admission of a patient to the wards and before professional examinations are made, some responsible person serving as admitting officer should place upon the records the date, age, name and address of the patient in a space provided for the purpose, the file number and such other social data as may be deemed necessary by the individual hospital. Spaces must be provided for the provisional diagnosis, the final diagnosis, trans-

fer of the patient and for the final result and disposal of the case. There should also be recorded the full names of the intern and attending physician. The file number and name of patient must appear upon all sheets of any character whatsoever needed on the case.

History and Physical Findings

The intern on his first visit to the patient should take and record a full history, the extent and scope of which shall be determined by the character of the case and by the rules of the staff; he should then make and record a complete physical examination, the type and scope of which shall also be determined by the character of the case. (This work must be completed within 24 hours after the admission of the patient to the wards.) In case of urgent emergency some of this must necessarily be postponed for a time. The intern should place a provisional diagnosis or his impressions at the end of his report, and after approval by his chief shall write the same in the space provided for it on the first sheet. He should sign his name at the bottom of his report.

The staff physician, on his next visit, accompanied by the intern, should carefully study the record made by the intern, should then examine the patient, should

correct or amplify the history and physical findings submitted by the intern, and complete the same by countersigning it.

Order Sheet

Upon this should be written all directions given by the chief or by the intern at his suggestion, pertaining to diet, medication and management of the case. Each order is the equivalent of a prescription, therefore each should be signed. No attendant can be held responsible for compliance unless the order has been written in ink by a physician in his own hand. The orders should be signed by the chief or intern making them. This order sheet is the original entry, and not a copy of orders taken from a ward book. Any orders delivered by the staff physician given over the phone, must be given to the intern exclusively, and at once transcribed by him on the order sheet and properly designated as a telephone order and duly signed by him. It is highly important that every opportunity should be seized to develop a sense of responsibility in interns. There is no better way than forcing him to realize that he is the responsible factor in the absence of the chief. Under no circumstances should chiefs make inquiries after conditions of patients to other than his responsible intern, and never of the nurse.

The pedagogic value of this deference to and requirements of the intern is obvious. Furthermore this practice maintains a continued and continuous appreciation of the ward work not obtainable under any other circumstances.

Progress Sheet

The progress notes are the tell-tale of the professional care of the patient while in the hospital. Frequent notes signed by the physician making them should be recorded in ink. All significant physical changes in the patient's condition should be noted. The absence of these notations indicates a lack of attention and reflects seriously upon the attending physician and his intern. A special progress sheet is recommended. There can be no arbitrary rule to govern the frequency with which progress notes should be made. Some patients exhibit such rapid changes as to require progress annotations every few hours; while at the other extreme are found patients in whose cases no significant changes may occur for days.

Progress notes probably develop clinical acumen better than any other routine of hospital practice. Until the art of making them is acquired, they are difficult; with clinical experience, their making becomes easy. More significant progress notes are

made if they are on the same sheet as the orders, side by side, and indicate the reason for any change in orders.

Under no circumstances should the task be avoided by merely copying the nurse's notes from her charts. It is suggested that hospital staffs compile a ward manual in which shall be stated definitely the data going to make progress notes in the more important diseases, as pneumonia, cardiac decompensation, pernicious anemia, rheumatic fever, etc., etc. It will prove useful in the compiling of this book to note the frequency with which certain laboratory tests should be repeated, e. g., blood counts in pernicious anemia once weekly.

Requests for laboratory tests or for X-ray examinations should be noted on a separate sheet, as well as on the order sheet. Writing these in red ink aids the historian in checking up the extra sheets thus required.

Consultations requested should be noted and the report of such consultation or examination by members of other departments of the staff should appear either on the progress notes, or on a separate sheet or memorandum provided therefor, duly dated and signed by the consultant.

At the end of the progress notes should be written the physical status of the patient before discharge, the general con-

dition of the patient, the specific condition of the part treated, the instructions for further clinical care or disposal, and the final signature of the staff physician for discharge.

Laboratory Reports

Report sheets from all laboratories should be attached to the record while the patient is under treatment; such reports are to be signed by the chief of the laboratory and the originals or copies of such reports are to remain in the laboratory.

The report of autopsy should be attached; in the case of a death without subsequent autopsy, a notation that such autopsy was sought but consent not obtained, and the reason for failure, is required.

Nurses' Sheets

The supervision of the temperature sheet, and of the nurses' record sheet does not come directly under the province of the Board, but they are equally important insofar as indicating the efficiency of the care of each patient is concerned.

Anesthesia Sheet

This sheet should be made out by the anesthetist. It should be a graphic chart containing the file number, name of patient, age, names of all concerned in the

operation, such as surgeon, assistant surgeon, intern, supervising anesthetist, intern anesthetist, nurse responsible for sponge count, and operating room nurse. It should show the condition of the patient before, during, and after operation, with data as to the kind and duration of anesthesia, any complications, the type of dressings and the character of the operation. Anesthesia is a most important part of a surgical operation. Some authorities regard the choice of an anesthetist and anesthetic and the evaluation of the patient's condition as being quite as important as the skill of the surgeon; therefore, a record of pre-operative data is important and highly educational for all concerned.

Operation Sheet

The operation should be reported on a separate sheet. It should be written by the intern or by the surgeon, or by his assistant, within twenty-four hours after the operation. There should be given a detailed description of the operation instead of merely the name of the operation. There should be given briefly the technic of the operation as performed, the pathology found, the parts removed and their condition, the presence or absence of infection, and whether bleeding was ordinary

or excessive. Any unusual findings or occurrences, and whether the wound was closed or drained, should be noted. The report should be signed by the writer and countersigned by the surgeon who performed the operation.

Prenatal Sheet

This should contain a record of all examinations made and attention given in the prenatal clinic, viz., urinalyses, blood pressure, vaginal and cervical smears, culture reports, Wassermanns, history and findings, patient's physical condition, measurements of both pelvic inlet and outlet, position of fetus and fetal heart sounds. This record, or a transcript thereof, should be taken to the ward as soon as the patient is admitted, and should finally be attached to the filed record of the case. The history of the patient and the physical examination should be complete as in any other type of case. No short-cut system, which encourages superficial investigation, can be tolerated.

Labor and Puerperium Sheet

This should contain the pelvic measurements, if not available from the prenatal clinic, the history, Wassermann test, blood pressure, urinalyses, position of the head or other presenting part, notes on the de-

livery, forceps if used, time elapsed in each stage of labor and the condition of the patient immediately, and day by day, after delivery.

The accessory Baby Sheet should provide for foot-prints, for a notation of the weight at birth and daily thereafter, for the condition of the stools and digestion, etc., and also give a record of diet and feedings.

Diagnosis Card

This should be filed separately and be cross-indexed according to whatever nomenclature is used by the hospital so as readily to command the data given in the records in subsequent study.

Outpatient Department Records

The form and amount of such records will depend largely upon the number of workers and the time available. It should be remembered that an adequate record to show the condition of the patient, the diagnosis and the treatment is absolutely essential. When a patient is referred from the outpatient department to the hospital, his record, or at least an abstract of it, should accompany the patient. The reverse also applies to such patients as are referred from the hospital to the dispen-

sary or outpatient department for follow-up treatment. The Board recommends a uniform record system for the house and outpatient department.

X-ray Laboratory Records

A special laboratory number should be given to each case; this number and the file number of the patient should appear on these records. A card for each patient should be filed alphabetically; upon this should be noted the same data as appear on the copy sent to the bedside. The films should be filed so as to make them readily accessible for future investigation.

Pathological and Clinical Laboratory Records

These records should be filed alphabetically in the laboratory, should contain the file number and the special laboratory number, and a notation of the data sent to the bedside. It seems better to list and file separately the various types of work done. All sections and specimens must be kept in the laboratory, properly filed. There should be kept a monthly sheet, giving the work of each day in columns, so as to indicate comprehensively the amount and scope of work done, and the daily attendance of the intern.

Records Books

In the Obstetrical Department it may be helpful to keep a day book of all deliveries, with separate columns for name of patient, date, intern on duty, staff member present, name of nurse, and such other data as may seem desirable.

In the Operating Room there also may suitably be kept a day book which gives in separate columns the name of patient, date, character of operation, name of surgeon, assistant, intern, anesthetist, and nurses. These will aid in quick references but must not take the place of individual chart records.

Record Filing; Historian

All records should be under the care of a competent historian. There should be a Record Committee of the staff in charge of all records. It should have full authority to notify all delinquents as to their incomplete records and to enforce the hospital rules in reference to the records. While the Record Committee will look over and finally check as complete all records before the historian files them, it is suggested to such committees that regular tours of inspection be made throughout the hospital, and that the records of all patients still under treatment be inspected

in search for omissions. The only record of any value in the care and treatment of a patient is one that is made at the time that the work is done. Absence of any notation is not an indication that it was not of any importance, although this would seem to be inferred. If, at these inspections of records, a colored slip indicating "Incomplete Records" is attached to incomplete ones, the attention of all those in charge of such patient will be forcefully directed to the omission.

The records of private cases should be kept in exactly the same manner and detail as the records of ward patients, whether written by interns, by staff or by extramural physicians. The Board will hold each hospital responsible for this. It cannot permit the intern to acquire indifferent habits by following any careless methods. Moreover, the hospital is legally responsible for the care of private as well as free cases and must have on file adequate records for defense in any legal action. A private patient should certainly have the benefit of the same thorough care as a ward patient. By using a folder of a different color for filing of private records, they can readily be distinguished by the historian, and so be kept from inspection by any but the proper authorities, thus assuring individual privacy and secrecy, if desired. If

the intern is requested to take the history of a private patient, he is thereby granted entree to the case by the attending physician and should have the privilege of any subsequent instruction that may arise incidental thereto.

ROENTGENOLOGIC DEPARTMENT

These should be fully equipped for roentgenologic examination studies and for treatments. All of this should be done within the hospital.

The service of the intern in this department is obligatory and the roentgenologist in charge should understand that one of his duties is to instruct the intern in all the work of the department. The intern should be given training in the technic so as to assure safety to patients, and also an ample amount of experience in film reading.

The department should be open the entire day, and, where a full-time roentgenologist is not on duty, there should be someone available in the hospital who is capable of doing emergency work.

Where the roentgenologist is not on full time, definite daily hours at the hospital must be observed by him so as to encourage requests for routine examinations and treatments and to afford intern training.

Suitable provision within this department should be made for recording and filing all work done. The use of a card system is especially advised. These should be cross-indexed with the case records.

PATHOLOGICAL AND CLINICAL LABORATORIES

This department should be so equipped as to offer facilities for performing all tests required for the needs of a modern hospital, including:

- (a) Clinical microscopy.
- (b) Pathological histology.
- (c) Bacteriology.
- (d) Physiological Chemistry.
- (e) Serology.
- (f) Hygiene and Sanitation.
- (g) Foodstuffs.

The equipment of physical apparatus and chemicals sufficient for the various examinations and tests which the laboratory should be prepared to conduct is rigidly examined and checked up at inspections by the Board.

The Laboratory should be prepared to make the following tests and examinations:

Blood examinations of all kinds, including blood chemistry, coagulation time, typing, etc.

Urine examinations of all kinds, quantitative and qualitative, including tests for renal function

Gastric contents

Feces examinations

Sputum examinations

Cerebrospinal fluid examinations

Bacteriological examinations, smears and cultures

Examinations of water and milk

Preparation of autogenous vaccines

Serological examinations—Wassermann reaction and agglutination tests

Pathological histology—autopsies, microscopic examination and diagnosis of all tissues removed during operations, and

Physiological chemistry of all kinds

The laboratory should be provided with a standard library of recent date on the various subjects covered in its work. A physician skilled in laboratory work must be in charge. Preferably, he should be a full-time employe. If not on full time, this physician must have definite daily hours at the hospital of sufficient length and regularity as to insure adequate supervision over and definite instruction to the intern, as well as time for his own personal work in the laboratory. It is essential that one or more full-time technicians be employed.

At least two months' service in the laboratory, or its equivalent, is required of each intern. This assignment should not

be divided, but the entire service of the intern should be devoted to laboratory duties for this period of time. The intern on duty in the laboratory should conduct the clinical-pathological examinations and should be required to perform at least five autopsies, and to prepare the sections of tissues from these for microscopic examinations. He should, with the pathologist, examine all tissues and specimens received from the operating room, both macroscopically and microscopically, make examination of milk and water, make the ordinary blood studies, and receive instruction in serology. He should under instruction, conduct all other work performed in the laboratory. His work should be checked up daily by the pathologist. He works as an apprentice under the pathologist or technician. Several days of intensive training in routine urinalyses, blood counts, etc., should initiate his service. Afterwards, his time should be devoted to special requisitions. These should be criticized by the chief and the reports of studies should be carried to the bedside by the intern at the close of the day's work and recorded on the patient's chart. Thus, he may correlate these special findings with the clinical conditions noted on the chart.

Suitable provision within the laboratory should be made for recording and filing all the findings of laboratory work. The use of a card system is especially advised, to be cross-indexed with the case records.

It is recommended that daily record of the work done shall be kept in the laboratory and be tabulated so that the amount and scope of such work can be rapidly checked up. A monthly report of work done should be rendered to the Superintendent and Staff. This should be filed permanently in the hospital office, and notation made in the record of work done by the intern.

CHIEFS OF LABORATORIES

The chief of the X-ray laboratory and the chief of the clinico-pathologic laboratories should be physicians and be members of the major staff of the hospital. By virtue of this membership the medico-surgical staff have the advantage of their presence at staff meetings, where many questions of mutual interest may be discussed. In addition, an opportunity is thus provided for the laboratory heads to impress upon other staff members the importance of the use of the several laboratories in diagnosis and treatment. Their presence will likewise be a constant reminder of the value of these departments in the

care of patients, as well as in the professional advancement of the interns and staff members.

ANESTHESIA DEPARTMENT

This department must be under the direction of a licensed physician who is designated as its chief; this physician should preferably be a specialist in this branch of medicine. He shall be responsible for the proper conduct of the department and the education of the intern. There should also be appointed to the department one or more assistants, preferably physicians under the rating of residents in anesthesia, who have completed a rotating internship; at least one of these should be on full-time, and live within the hospital, in order that he or she may be available in emergencies.

The intern should have one period during his intern year when his services are devoted specifically to anesthesia under the direction of the anesthetist to the hospital. This period should include not only a well-grounded experience in ether anesthesia, but also in the fundamentals of other general inhalation, as well as regional and spinal anesthetics, and a full knowledge of anesthetic drugs. His practical instruction should be sufficiently comprehensive so that patients will be safe in his hands thereafter. In view of the fact that he may

enter the field of surgery later in his career, he should know enough of this branch of medicine so as intelligently to supervise the anesthesia given his surgical patients for whose welfare he is legally responsible.

The term of his anesthesia service as a specific requirement should be for at least one month with a one year internship, and for two months in the case of a two years' internship. Due to the perfunctory nature at the present time of undergraduate instruction in anesthesia, lectures should be given to the intern staff in this subject. His clinical instruction should begin with straight ether by the open or semi-open drop method, then gas-oxygen for short operations, followed by the various other anesthetics. He should be under full supervision until such time as he may be deemed qualified to proceed under his own initiative.

He should be required to administer a minimum of 25 anesthetics individually. These should be given by him from the induction to the completion of the operation; one patient thus will not be able to furnish training in the administration of an anesthetic for two or more interns. With respect to the patients he anesthetizes, he should be held responsible for, (1) the preoperative physical examination of the

patient; (2) for the assessment of the operative risk; (3) the selection of the preliminary sedation and anesthetic agent after conference with the surgeon or the chief anesthetist; (4) for the record of the anesthesia; and (5) for the postoperative care necessary for each patient as peculiar to the kind of anesthetic that has been employed.

OBSTETRICAL DEPARTMENT

In addition to a well-managed obstetrical department within the hospital there should be conducted a prenatal and postnatal clinic in charge of a member of the staff, with an assistant. During the period of service of the intern in this department, he should be in attendance in the prenatal clinic and should examine all patients under the instruction of the chief or his assistant. In each case the findings and measurements made by the intern should be checked by the physician in charge. No patient, except in case of emergency, should be admitted to the maternity beds and allowed to go to the delivery room without this previous examination. Upon admission of the patient in active labor to the hospital the prenatal record, or a transcript thereof, should become an essential part of the hospital record.

In the delivery room there should be present with the intern, to oversee and to instruct him, one of the physicians in attendance in this department,—not only in all complicated cases but also in a fair proportion of normal cases, and especially so during the early part of his service.

The intern shall follow up each case in the postnatal clinic until final discharge of the patient.

SURGICAL DEPARTMENT

The spectacular nature of this service seems to intrigue the young medical graduate. He must be made to realize that preoperative diagnosis and postoperative care are of much greater professional value to him than the mechanism of the operation. The apprenticeship training here required must be amplified later if he expects to specialize in this line. However, each intern shall assist the staff surgeon on duty, and may be permitted to operate, under the supervision and instruction of the surgeon on duty, in such cases as the surgeon may deem it wise and expedient. The staff surgeons shall see that the intern not only thoroughly understands the technic of operative procedures, but that he acquires a certain degree of warranted surgical self-confidence. It is to be remembered, however, that the intern should

not be permitted to operate, excepting under the personal supervision of the surgeon or his qualified assistant and then only in carefully selected cases where untoward effects may safely be excluded.

EXCESSIVE SURGERY

Inspections disclose the fact that many hospitals develop a surgical service that is far in excess of their medical service; in fact, it has been found in many instances that the medical service is negligible. In addition to this, it is found that a very large percentage of the surgery is emergency in type. It is clearly evident that in such an institution an intern cannot secure a balanced training such as is contemplated by law. In the revision of hospital lists this unevenness of service has been carefully considered. The value of the medical service, together with the medical specialties, far outweighs in value that of the surgical, in the professional education of the intern. Hospitals encouraging an excessive surgical service are constantly facing the possibility of being classified in the list of "Limited Credit Hospitals." Many surgical cases may advantageously be studied medically before operation, and thus supplement any deficient medical training.

MEDICAL SERVICE

This disproportion between the number of surgical and medical patients treated in the average hospital is in some instances due to local conditions in the community. In many cases it is the result of the excessive influence of some particular staff member, a surgeon, to meet whose needs the hospital may have been organized and on account of whose demands it is largely maintained. The admission of medical patients may frequently not be encouraged, lest they preempt beds which might possibly be occupied by better paying operative patients.

Moreover, the laity of the community interested in a hospital frequently exhibit evidence of being so enamored of the surgical reputation of the hospital as to consider its medical work of secondary importance. The vaunted pride in the surgical activities of the hospital that permeates the general lay mind is a significant indication of the undue emphasis exerted toward surgery and of the apparent indifference to medicine.

Scientific medicine requires hospital facilities in the investigation of many obscure medical cases. Ofttimes the most valued investigative experience for the intern comes from medical cases. At least, he should have opportunity to secure train-

ing in medicine and the approved hospitals must see that he secures it. The more spectacular surgical work must under no circumstances rob him of the deliberate, thoughtful consideration of purely medical cases. By intensifying the medical department of the outpatient department, and by studying surgical cases medically, the number of cases in this service can be materially increased.

OUTPATIENT DEPARTMENT

It has been regularly noted throughout inspections that little or no use is made of this service for the instruction of the intern. In many instances the service scarcely met the needs of the patients. The general purpose seemed to be to dispose of patients as quickly as possible, excepting those needing operations, especially those who might enter the hospital for this reason. The histories were found to be meager and some almost worthless.

This service, when adequately conducted, should prove to be a most valuable means of education. The various departments of the outpatient department should be under the supervision of the chiefs who head similar departments within the hospital. The actual work may be done by their assistants.

The intern program should make specific provision for attendance in the various services of the outpatient department. The fidelity of the intern in attendance and helpfulness should be recorded on his monthly report. His work here, as elsewhere, must be under the supervision of licensed physicians.

STAFF ORGANIZATION

The staff of each hospital should be organized into the various departments—medicine, surgery, obstetrics, laboratory, X-ray, anesthesia, and other specialties—each department being represented by one or more physicians who specialize in the type of cases treated in that department.

The Board does not feel that any staff can maintain its proper organization or function efficiently without holding regular staff meetings; it is of opinion that the attendance by staff members and interns at these staff meetings should be compulsory and that, in addition to the consideration of the professional administration of the hospital, a definite clinical analysis of cases in the hospital and of all mortality cases should form the principal part of the program at each meeting. The interns should be required to present the clinical records of the cases considered. The chief

in charge of the case should preview the intern's report to assure accuracy.

STAFF MEMBERS

The value to the intern of the service in any hospital depends in large measure upon the attitude assumed toward him by the members of the staff. The duty of a staff member is real and definite. Except in emergencies, he should insist, on his first visit to the patient, upon having the intern present with the history of the patient, including the physical findings. In case the history is not forthcoming, due to indifference or insubordination on the part of the intern, the staff member should decline to examine the patient but report the matter to the superintendent and insist that this duty be performed by the intern at once to the exclusion of any other duty. The history being in hand, should be read before the examination is made and, during the course of the examination, the previous notations by the intern should be reviewed and his errors and omissions, if any, be noted. The tentative diagnosis should be changed or confirmed, be written in its designated place and be used as the preliminary or "working" diagnosis of the case. The history and physical findings should then be countersigned by the chief. At subsequent visits the reason for each change

in treatment, if any, with the result sought by the use of any remedy that is applied, should be explained, with suitable notations on the progress sheet, using the same sheet for progress notes and orders; these may be written opposite each other and thus assure consistency.

Future inspections will include definite cognizance of the activities of the members of the staff in the above matters, and hospitals whose authorities are unable to secure the cooperation of their staffs in these matters, even if they be fully competent in other respects, will be removed from the approved lists. The mere possession of physical equipment does not assure adequate education. Specific, supervised training of interns is demanded.

Certain staff members in some of the approved hospitals fail to appreciate the responsibility of their positions as medical teachers. It is suggested that such persons shall be urged to perform their duties more faithfully rather than to jeopardize the standing of the hospital by their indifference to its requirements. The chief is legally responsible for the work of the intern.

ARRANGEMENT OF INTERN SERVICE

The service rendered to the hospital by the intern is no less valuable than that received by the intern. This fact tends to cause managers to seek the services of interns, especially since it seems to be a good economic proposition. This latter consideration is apt to cause them to overlook the point that the intern course needs to be systematically arranged and supervised, that the intern is still a medical student undergoing practical training. In order to direct the work of the intern and best meet the needs of the patients in the hospital, a definite arrangement of intern service, rotational in character, should be made. This should feature distinctly the Medical, Surgical (with their specialties), Obstetrical, and Laboratory departments. Combining the clinical laboratory service with other duties has resulted in an unsatisfactory technical training and can no longer be tolerated. Unless this service is so organized as to give the intern an abundance of valuable experience which will occupy all his time for two months, and unless the laboratory is manned by competent supervisors throughout the day, the hospital should not presume to ask for the privilege of giving such internship.

Definitely outlined work to be performed by the intern hour by hour, under a responsible head, results in mutual benefits alike to hospital and intern.

In addition to the major services mentioned, definite provision should be made for the various specialties to be supervised by competent chiefs. Affiliation for intern training with hospitals for acute contagious and infectious diseases as well as for nervous and mental diseases should also be encouraged.

NUMBER OF INTERNS REQUIRED

The division of services falls naturally into four or more parts which require a like number of interns. If fewer than this number are employed, the work is so variable as to militate against distinct duties and definite work. The inspectors have found the belief more or less prevalent that the number of interns needed should be determined by the service-aid required in the operation of the institution. The requirement by the law, of one intern to twenty-five beds, has proved to be a wise one. The full quota should be secured, if possible. Where fewer than the required number are available, the services should nevertheless be expanded fully, the interns be required to rotate through them system-

atically and the uncovered services be cared for by staff members. The Board is insistent that this department service shall be followed and looks with suspicion upon any hospital that attempts to operate with fewer than four interns,—one for each department as outlined in the arrangement of service.

ENGAGEMENT OF INTERNS

The Board looks with disfavor on the tendency of hospitals to engage prospective interns before their scholastic work is approaching completion. The first half of the senior year should be satisfactorily completed before contracting for internship. To anticipate this is presumptuous on the part of the hospital and of the prospective intern. Lists of hospitals approved by the Board for the succeeding year will be sent to the Dean of each medical college in Pennsylvania about January first. Ample time exists thereafter for securing intern contracts before entering upon the service on July first, the beginning of the intern year.

In the event of an incomplete quota of interns, or of the reduction in the required number in a hospital because of withdrawal of any, the Board urges that a

report of the vacancy be sent to its office at once so that it may be of service in supplying the need.

Hospitals may accept for intern training only graduates from medical schools that are approved by the Board. In doubtful cases the hospital should confer with the Board relative to the same. Graduates from foreign medical schools which are not formally passed upon by the Board may not be accepted for intern training until a certification has been secured from the Board showing that the individual's credentials are acceptable eventually for licensure to practice medicine in the State. It is obvious that no applicant should be encouraged to take the intern year of his medical education in the State when doubt exists as to the acceptability of his earlier scholastic training.

A report by the hospital of the interns engaged shall be made to the Board not later than June 30. This should include the name, address, college of graduation, and a statement as to whether the intern contemplates licensure in this State.

INTERRUPTED INTERNSHIPS

It not infrequently happens that for some reason an intern leaves a hospital during his term of service, thereby creat-

ing a vacancy. This leaves one service without an intern. In such an emergency it has been the custom in the past for some hospital authorities to insist that the work of the former intern shall be performed by the remaining interns. This practice has generally so greatly interfered with the work of the remaining interns that they have been unable to perform properly the duties of their several assigned services. In consequence histories are unwritten, patients are neglected, chiefs are unattended, interns are disgruntled and feel that they are unfairly treated, and the entire hospital service is disarranged. When an intern enters the service of a hospital he does so on a contract, written or verbal, both equally binding on him and the hospital. He has contracted for a certain stipulated rotational service and agrees to pay for this service with his time and labor. He has as much right to hold the hospital to its agreement as the hospital has to hold him; it is a mutual obligation. It becomes a very serious question as to whether the hospital has a right to jeopardize the intern's expectation for a competent, practical education by demanding such an amount of extra duties of him as to destroy his opportunities for deliberate study, and thus demoralize the work he has on hand. The Board advises that, if it is not possible

to engage another intern, the vacated service shall be left without the aid of an intern. It would seem to be by far the lesser evil to have one service unattended by an intern and covered by the Staff than to disorganize every other service in the hospital, to have dissatisfied and disgruntled employes in the persons of the interns and to risk the loss of one or more of the other interns for these reasons. This not only works an injustice to the remaining interns but raises the question, in such instances, of the right of breaking a contract by an intern.

SPECIMEN CONTRACTS

Date

I hereby engage to continue in the service of
HOSPITAL throughout the term for which I have been elected, unless expressly relieved therefrom by the Board of Managers, or disabled by disease or injury; and I promise to conform to all rules and regulations of the hospital, and to fulfill to the best of my ability and understanding all the obligations of my position therein.

Signed

Witness:

.....

Date

I,, hereby
bind and engage myself to service in the

..... HOSPITAL
for the full term for which I am appointed,
unless excused therefrom by the proper
authority.

I further promise to conform to all the
rules and regulations governing this hos-
pital and to conduct myself at all times
and under any condition, as a physician
and a gentleman.

....., M. D.

Name and Address of

Nearest Relative

Witness:

.....

IRREGULAR INTERN SERVICE

The Board is disinclined, in the case of
"Full Credit" hospitals, to allow credit
for a short intern service except for reasons
explained satisfactorily to the Board. It
is generally demoralizing to the service of
a hospital to have changes take place in its
intern staff. In addition, in case of change
from one hospital to another, the various
services of the intern may be duplicated.
Each change is apt to consume several

weeks of the time of the intern in adjusting himself to his new environment. In contemplating a change of service from one hospital to another, therefore, an intern should consider the fact that before being admitted to the examination he is expected to have completed fully the service of the hospital into which he enters. Limited services may be permissible in limited credit hospitals, and, if properly accredited, be used to supplement other partial rotational services.

DISAGREEMENT BETWEEN MANAGEMENT AND INTERNS

Frequent complaints come to the Board from hospitals regarding the behavior of interns, and from interns as to their disagreements with the management. The Board believes that many of the difficulties arising between hospitals and interns will be solved when it is known that some central authority takes cognizance of the same. The Board has therefore established a clearing-house for hospital and intern disaffection. It is requested that all hospitals shall, in the event of trouble arising in which it becomes necessary to dismiss an intern or, in the event of an intern leaving the hospital without consent, report the facts to the Board together with any action

the hospital may have taken in the matter. The intern will be given an opportunity to present his side of the case. If, in the judgment of the Board the offense is considered sufficiently grave, the intern will become ineligible for admission to the state examinations or to licensure by endorsement later on.

Sometimes under grave charges an intern leaves one hospital, applies to another hospital and is accepted without question. The Board directs that in the future no hospital shall admit into its service any intern who has served part time in another hospital, without first applying to the Board for his previous record and for its approval to the acceptability of his services.

INTERN'S PERSONAL RECORD

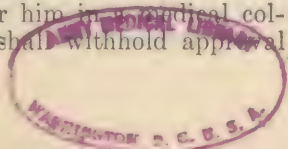
The hospital should encourage the intern to keep a personal record of his daily professional activities. In this should be included notations of his various hospital experiences with an elaboration of unusual cases. Such a diary will aid in impressing upon his memory the training he is receiving so as to aid him in his future professional life. It can be used both by him and the hospital in checking up the variety and amount of training received and work performed. Such a record submitted to

the inspectors or to others interested in the educational work of the institution would be informing and would be of mutual value to the intern and to the hospital.

Weekly or monthly reports of work done day by day, signed by the chief of the service, should be presented by each intern to the superintendent for filing. These may be made the basis of credential certification and of a permanent record of the intern's work for future reference, to be kept in the hospital archives.

INTERN CERTIFICATION

The Board has approved a definite form for use by hospitals for certification of intern service, as shown in his application for licensure. In addition to the certification by the Superintendent of the completion of the contracted time of the service, the signature of the head of each department—medicine, surgery, obstetrics, laboratory, X-ray, anesthesia, and specialties, must be appended, thus indicating the satisfactory completion of the intern's service in each department. It is recommended that the head of each department shall consider such certification as seriously as he would the endorsement of a completed course under him in a medical college, and that he shall withhold approval



and signature if the intern's work has been unsatisfactory or unwillingly given. The number of weeks served in each department is also required.

The Board desires to call the attention of all hospitals to the fact that under the law each intern must complete the full term contracted for at any individual hospital before he or she can be admitted to an examination for licensure, even though such contract calls for a longer period of time than the minimum of twelve months required in the Medical Act, and particularly when a longer period is needful to cover completely the rotational schedule. The intern year is a calendar year with no provision for vacation or illness.

ADMISSION OF VENEREAL PATIENTS TO HOSPITALS

Venereal diseases comprise one of the great menaces to the health and social welfare of a community. Patients suffering from these diseases are among the first to apply for treatment to a young physician entering into practice; consequently there is no single class of cases in which the intern should receive more careful instruction. The Board has been pleased to note that most of the higher-grade hospitals have adopted its recommendation

regarding the admission of patients affected by venereal diseases and it hopes further that this service will still be considerably increased; also, that all approved hospitals will continue to provide suitable accommodations for these patients and furnish thereby an adequate service to each intern. It expects approved hospitals to furnish extended training herein to interns in the out-patient departments.

POST MORTEM TEACHING

Teaching by means of autopsies has been so unsatisfactory as to reflect seriously upon the medical profession. The importance of this subject as a prime factor in medical education needs only to be mentioned in order to be realized. It is true that the racial and religious prejudices of certain communities often render the matter difficult. It is equally true that certain practices and lack of sympathy on the part of public officials (coroner, undertaker, etc.), add to the difficulty. However, the observations of the Board of Medical Education and Licensure during a period of more than twenty-five years of hospital inspection and after taking into full consideration all the obstacles obtaining, have convinced its members that the main fault lies with the indifference, the ignorance and the indolence of the members of the medical

profession; ignorance, because the majority do not know how properly to conduct an autopsy and derive valuable knowledge therefrom; indolence, because the steps necessary towards conducting an autopsy involve a deviation from their routine activities and are therefore troublesome; indifference, because a limited knowledge of the proper manner of approach to the friends of the patient causes him to shirk his duty. A quiet campaign for a greater number of autopsies, instituted by the pathologist and executed by the interns, has proved to be most effective.

When a so-called hospital pathologist seriously says he is unable to obtain more than half a dozen autopsies a year from a hospital service of from 500 to 1,000 patients he thereby admits personal incompetence. In the future cognizance by the Board as to the attitude of individual hospitals in this respect will be taken. Some hospitals in Pennsylvania are securing from fifty to seventy-five percent of autopsies on their deaths, therefore a minimum of fifteen percent should cause no protest.

NARCOTIC ORDERS

The Federal Narcotic Law and the Pennsylvania Anti-Narcotic Act govern the use and prescription of narcotic drugs in this

Commonwealth. Both laws are mandatory. In each hospital there should be filed the name and registry number, in his own writing, of each licensed physician connected with the hospital, including the members of the Courtesy Staff.

On the treatment sheet each order for a narcotic must be written in ink, dated, and signed by the physician who orders it. The responsibility for its use must rest on a licensed and registered physician.

These orders must not be written by nurses or other lay persons. A chief may direct an intern to write an order for a narcotic, but he must endorse this order within twenty-four hours. The intern will be held responsible for directing the attention of his chief to the requirement for signature.

P.R.N. orders are not permitted. "M.S." or "Morph SO_4 " are illegal ways of ordering morphine sulphate.

All instructions as to administration must accompany the prescription; these must be definite and unmistakable. As the institution must guard carefully these drugs as their custodian, so must the registered physician guard critically their exhibition in use.

Carelessness in records or continued violation of narcotic laws may jeopardize the license of a hospital to handle narcotics. Narcotic prescriptions by the intern without confirmation by his chief may involve each in legal difficulty.

INTERN HOUSING

The intern's sense of respectability depends somewhat upon the provisions set up for his comfort. His sense of responsibility also is closely allied. Persons recently admitted to an honorable profession have a right to expect suitable consideration. If they are housed and treated as menial servants of the hospital, they should at least be given the wages of such helpers; if, on the other hand, they are expected to merit the esteem and confidence of the best patients and to be considered as worthy assistants to the eminent clinical chiefs, then let the housing and social standing proffered them be consistent therewith. Many hospitals have no difficulty in securing their quota of interns year by year, which is readily explained by an inspection of their living quarters, of their daily food, and of their recreational facilities. Why not make these comforts ideals in wholesome living to those who will soon be our guardians of health!!

HOSPITAL LIBRARY

Much of the encouragement to do research work comes from the availability of needed aid for doing it. Interns are necessarily limited in their supply of books. Members of the staff frequently need to refer to specific data relative to their cases. There should be established in a suitable, cozy, quiet room a workable professional library of the most valuable books covering the entire realm of medicine. A goodly number of current medical magazines should be placed therein monthly, and eventually be catalogued and filed. This room should be so inviting as to attract all seekers after knowledge, and be an intellectual oasis to eager searchers for professional truth. Directed reading by the intern, as suggested by the chiefs, both in magazines and in books, should be a definite requirement. Record of articles read, the subject, stating the author, place where found, should become a part of the intern's monthly report.

FUTURE READJUSTMENTS

The primary purpose of internship is to secure for the young physician a practical training in all the lines of activity which pertain to the art and science of medicine. The Board assumes that all the essential

equipment for such experience exists in each approved hospital which offers this training. The absence of such equipment will be sufficient cause to disqualify the hospital for this privilege; its presence alone, however, may not assure a satisfactory course of training.

The efficiency of the intern's course depends largely upon the ability of the staff members to teach and upon the fidelity with which they do teach the student. The evidence of the instruction given comes to the inspector largely through the records on file in the institution. A complete record system, approved by the Board, is demanded.

All hospitals applying for inspection with the intent of having their names added to the approved list will be judged not alone on equipment and organization but specifically on the completeness of their record systems, and on the thoroughness with which its various component parts are elaborated. Unless this inspection proves thoroughly satisfactory along the above lines, no further consideration for approval of the hospital can be entertained.

All hospitals on the approved list on being reinspected for any purpose and found to be unsatisfactory in the aforesaid considerations will be summarily removed from the approved list.

On further reinspections all hospitals found to be without a pathologist who devotes an adequate amount of time for the direction and supervision of the intern's work day by day, or without specially qualified laboratory technicians and competent anesthetists will be removed from the approved list.

The Board assumes the privilege of removing from the approved list any hospital at any time of the year, provided it finds that the services to interns are inadequate. In such event the interns on duty will be notified of the Board's action and be offered a position in a satisfactory institution.

The fifth year of medical education under the Medical Practice Act must be faithfully proffered by the hospitals and adequately secured by the interns. This will assure the best service to our patients in the hospitals and eventually to our citizens who will benefit by the enhanced knowledge and skill of the oncoming practitioners of the healing art. These ultimate results alone induce the Board to maintain its critical supervision over the annual coterie of interns and over the annually approved hospitals.

